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Faces Pain Scale – Revised (FPS-R)

Availability:	Please visit this website for more information and to obtain a copy of the instrument: Faces Pain Scale – Revised
Classification:	Supplemental: Spinal Cord Injury (SCI) – Pediatric (ages 4–8)
Short Description of Instrument:	<p>The FPS-R is a self-report measure of children’s pain intensity adapted from the Faces Pain Scale (FPS). The revised scale has six faces, in contrast to the seven of the FPS. (Hicks, et al. 2001).</p> <p>The scale uses a picture of a face that represents the child’s pain intensity. (von Baeyer, 2006).</p>
Scoring:	This is a self-report scale, with scores ranging from 0–10 (“0” equals “no pain” and “10” equals “very much pain”).
Comments/ Special Instruments	<p>The FPS-R is easy to administer and requires no additional equipment besides the pictures of the faces. The scale shows a linear relationship with visual analog pain scales across the age of 4–16 years.</p> <p>The scale is easier than visual analog scales (VAS), because subjects are only required to match how they feel to a picture as opposed to quantifying pain, which is simpler and preferred by children. (von Baeyer, 2006).</p> <p>In a study comparing four types of face scales using self-report for pain intensity in children, it was found that although children prefer the Wong-Baker Faces Pain Rating Scale (WBFPRS), the FPS-R has been recommended on the basis of utility and psychometric features. Psychometric features included construct validity, reliability and responsiveness. (Tomlinson, et al. 2010).</p>
References:	<p>Hicks, C. L., von Baeyer, C. L., Spafford, P. A., van Korlaar, I., & Goodenough, B. (2001). The Faces Pain Scale-Revised: toward a common metric in pediatric pain measurement. <i>Pain</i>, 93(2), 173–183.</p> <p>Tomlinson, D., von Baeyer, C. L., Stinson, J. N., & Sung, L. (2010). A systematic review of faces scales for the self-report of pain intensity in children. <i>Pediatrics</i>, 126(5), e1168–e1198.</p> <p>von Baeyer, C. L. (2006). Children's self-reports of pain intensity: scale selection, limitations and interpretation. <i>Pain Res Manag</i>, 11(3), 157–162.</p>